

14042 U.S. PTO  
07/25/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: IHASHI  
Docket: 13425.34US01  
Title: STRUCTURE OF DOOR OPENING/CLOSING APPARATUS

22240 U.S. PTO  
10/626935  
07/25/03

CERTIFICATE UNDER 37 CFR 1.10

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I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By:

Name: ~~John J. Lark~~

JAMES LARKIN

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 9 pgs; 4 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 3 sheets of formal drawings
- ☒ Certified copy of a Japanese application, Serial No. 2002-222977, filed 31 July 2002, the right of priority of which is claimed under 35 U.S.C. 119
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to HONDA GIKEN KOGYO KABUSHIKI KAISHA, Recordation Form Cover Sheet
- ☒ A check in the amount of \$750.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Information Disclosure Statement, Form 1449, 2 reference(s).
- ☒ Application Data Sheet, 3 pages.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$750.00 |
| Total Claims                 |   |               |   |              |   |       |   |          |
| 4                            | - | 20            | = | 0            | x | 18.00 | = | \$0.00   |
| Independent Claims           |   |               |   |              |   |       |   |          |
| 1                            | - | 3             | = | 0            | x | 84.00 | = | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$750.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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